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Does Perceived Social Support Mediate the Relationship Between Stigma Consciousness and Depressive Symptoms Among Homosexuals in Indonesia?

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ABSTRACT
Depression occurs three times as frequently among homosexuals than among the general population. This discrepancy can be partially explained by the prejudice, discrimination, and violence homosexuals experience as a result of their sexual orientation. Thus, homosexuals experience a specific stressor, called minority stress, in the form of stigma consciousness. Stigma consciousness and social support are consistently related to mental health. This research was conducted to investigate the mediating effects of perceived social support on the relationship between stigma consciousness and depressive symptoms. This study used the Stigma Consciousness Questionnaire for Gay Men and Lesbians, the Social Provisions Scale, and Beck's Depression Inventory-II. A total of 295 participants who met the following criteria were included in this study: homosexual orientation, at least 18 years old, and Indonesian. A multiple regression analysis using PROCESS for SPSS model 4 indicated that the hypothesis of this study was supported by the data; that is, perceived social support fully mediates the relationship between stigma consciousness and depressive symptoms. Based on these results, homosexuals and the community should be encouraged to better understand minority stress and identify forms of social support that can be given to homosexuals to help improve their mental health.

Keywords: *Depressive Symptoms, Homosexuals, Perceived Social Support, Stigma Consciousness*.

1. INTRODUCTION

According to the American Psychological Association (2008), sexual orientation refers to the settled pattern of emotions, romantic relationships, and/or sexual attractions to men, women, or both. Homosexual orientation, which includes gay (men) and lesbian (women) individuals, is the pattern of emotions, romantic relationships, or sexual attraction to the same sex. According to the United States Agency for International Development and the United Nations Development Program (2013), the number of homosexuals in Indonesia has increased over time. The National Secretariat Coordinator of Jaringan Gaya Warna Lentera Indonesia (GWL-INA) estimated that there are 800,000 to 3,000,000 men who have sex with men (MSM) in Indonesia (Chandra, 2011). The Indonesian Ministry of Health (2014) also estimated that there were 1,095,970 MSM in 2012. National surveys by Tempo

(2018) stated that 86.7% of Indonesians consider lesbian, gay, bisexual, and transgender individuals as threats while 10.8% felt the opposite. According to Bess, Bess, and Adrienne (2013), a similar survey was conducted by Equaldex and indicated that 93% of Indonesian individuals reject the existence of homosexuals.

The American Psychological Association (2008) mentioned that among the three forms of sexual orientation, homosexuals and bisexuals experience the most prejudice, discrimination, and abuse related to their sexual orientation. According to Rustinawati in Erdianto (2016), homosexuality is often viewed as a disease that must be cured. In 2016, there were 142 cases of arrest, assault, discrimination, expulsion, and expressions of hatred directed against homosexuals. Ngadicahyono in Media (2009) also stated that homosexuals are often viewed as a minority group with a social disorder, which causes them to experience negative stigma and discrimination.

According to Lewis, Derlega, Griffin, and Krowinski (2003), homosexuals are predicted to experience minority stress. Meyer (1995) stated that when an individual becomes part of a minority group that lives in an environment filled with stigma and discrimination, conflicts between individuals in that minority group and the culture of the community will become more severe, giving rise to significant minority stress. In general, minority stress can be described as the values of minority groups conflicting with the dominant community values and the results of conflicts with the social environment that members of minority groups experience. The concept of minority stress is an integration of social and psychological theories and is defined as states caused by cultural sanctions, categorization of inferior status, and social prejudice and discrimination that can affect the psychological well-being and adaptation of individuals (Brooks, in Lewis et al., 2003). Furthermore, Mayer (1995) stated that minority stress develops not only from negative experiences but also from overall experiences of minorities in the dominant society. Homosexuals experience discrepancy between the value of the society, culture, needs, and individual experiences; thus, homosexuals have the potential to experience minority stress (Newcomb & Mustanski, 2010).

Meyer (2003) found that there are differences in mental health based on sexual orientation because homosexuals are continually confronted with stigma and stereotypes regarding their sexual orientation. The stigma homosexuals experience is positively associated with mental health issues, such as emerging depressive symptoms; studies have shown that experiencing stigma from society is followed by an increased possibility of depression in homosexuals (Hylton, Wirtz, Zelaya, Latkin, Peryshkina, Mogilnyi, & Beyrer, 2017). According to La Roi, Kretschmer, Dijkstra, Veenstra, and Oldehinkel (2016), both stigma itself and the fear of stigma can negatively impact mental health and the mental well-being of homosexuals. Some previous studies have attempted to identify the relationship between stigma based on sexual preferences and mental health with a specific focus on depressive symptoms (Lewis et al., 2003; Hylton et al., 2017; Stahlman et al., 2015). Almeida, Johnson, Corliss, Molnar, and Azrael (2009) noted

that depressive symptoms are the most commonly studied factor in mental health outcomes related to sexual orientation.

The prevalence of depression in homosexuals is three times greater than that among the general population (Cochran, Sullivan, & Mays, 2003; Lee, Oliffe, Kelly, & Ferlatte, 2017). Moreover, according to Oginni, Mosaku, Mapayi, Akinsulore, and Afolabi (2018), the prevalence of depression in homosexuals in developing countries is four times greater than that among the general population. Kring et al. (2014) stated that depression is a psychological mood disorder. Depression is explained more specifically according to Beck (1967, in Kring et al., 2014) as a set of negative thoughts that include attitudes and views toward themselves, the world, and the future. Depression experienced by individuals can be observed through the appearance of various symptoms. Depression is often associated with substance use, anxiety, and borderline personality types. Twenge, Joiner, Rogers, and Martin (2018) also mentioned depressive symptoms as having an association with suicidal matters, in which higher depressive symptoms in a person are associated with a higher tendency to attempt suicide. Therefore, it is important to discuss depressive symptoms, particularly in homosexuals, given its relationship with the various negative aspects described above.

As a psychological disorder, depression is accompanied by various risk factors and protective factors. According to Oginni et al. (2018), in the homosexual population, various specific stressors can be risk factors that increase the likelihood of depression. One factor that can increase the likelihood of depression in homosexual individuals is parental rejection during childhood (Roberts, Rosario, Slopen, Calzo, & Austin, 2013). According to Pachankis, Rendina, Restar, Ventuneac, Grov, and Parsons (2015), discrimination can represent an independent social stressor; furthermore, allegations of further discrimination can foster a sense of social exclusion, and self-directed negativity can increase the likelihood of depression in homosexuals. Thus, according to Hall (2018), the stress caused by a stigmatized identity is also a potential risk factor of depressive symptoms. Meyer (2003) found that minority stress components, which include allegations and experiences of discrimination, concealment of homosexual identities, and internalized homophobia, are factors that can increase the likelihood of depression in homosexuals. However, based on research conducted by Lewis et al. (2003), minority stress variables that can predict depressive symptoms comprise stigma consciousness, so this research focuses on examining stigma consciousness specifically as a risk factor for the emergence of depression in homosexuals in Indonesia.

The stigma homosexuals experience from their surrounding environment can cause more than just depressive symptoms in such individuals. Social reactions are responsible for the effects of stigma and negative social attitudes toward stigmatized individuals. As a result, stigmatized individuals develop adaptive and maladaptive responses that involve symptoms related to mental health (Schur in Meyer, 1995). The stigma directed toward homosexuals is closely associated with stigma consciousness internalized by individuals. The stigma given by others

makes gay and lesbian individuals expect to be discriminated against because of their sexual orientation. According to Pinel (1999), minority groups that are vulnerable to stigma consciousness include women, homosexuals and bisexuals, ethnic minorities, and individuals with disabilities. Stigma consciousness is defined as a variable of individual differences that reflects the extent to which members of a group that is stereotyped believe that others will stereotype them. Stigma consciousness is related to an increase in one's focus and fear of the perception of others; in other words, homosexuals with a high awareness of stigma are more likely to perceive discrimination directed toward them. Several previous studies have been conducted to examine the association between stigma consciousness and mental health issues. Several studies have proven that stigma consciousness is positively correlated with depressive symptoms (Lewis et al., 2003; Kelleher, 2009; Berghe, Dewaele, Cox, & Vincke, 2010).

As mentioned earlier, in addition to risk factors, depression is accompanied by some protective factors. According to Hall (2018), there are three sources of protective factors for depression among homosexuals: identity factor, psychological factors, and psychosocial factors. In terms of identity, openness about one's identity is identified as a factor that can reduce depression. For psychological factors, self-esteem was found to reduce the possibility of depression. Finally, various psychological factors can be protective in the form of support that comes from specific sources such as family and friends and overall social support received from the social environment. This study will examine social support as a protective factor for depressive symptoms based on the results of research conducted by Bergfeld and Chiu (2017) to prove that social support can mediate the relationship between minority stress and depressive symptoms.

Weiss, 1974, in Cutrona and Russell (1987) suggested that there are six social functions or forms of social support that can be obtained through relationships with others. Social support can be manifested in two forms: received social support and perceived social support. Received social support is a quantity of supportive behavior given to individuals (Haber, Cohen, Lucas, & Baltes, 2007, in Melrose, Brown, & Wood, 2015) whereas perceived social support is satisfaction with the support itself and the availability of social support (Sarason, Sarason, & Pierce, 1990, in Melrose, Brown, & Wood, 2015). Perceived social support has been shown to have a greater influence on one's mental health compared with received social support (Melrose, Brown, & Wood, 1997; Eagle, Hybels, & Proeschold-Bell, 2018). Previous research has examined the relationship between perceived social support and depressive symptoms. For example, a study conducted by Larasati (2012) showed that perceived social support was significantly negatively associated with depressive symptoms among homosexuals in Indonesia. Therefore, this study focuses on perceived social support based on evidence that perceptions of social support have a stronger relationship with mental health compared with received social support.

The three discussed research variables were combined in a meta-analysis conducted by Schmitt, Branscombe,

Postmes, and Garcia (2014) that analyzed perceived social support as a buffering or moderating variable in the relationship between stigma and discrimination on mental health. However, the study reported that in as many as 73 of the 75 studies analyzed, the results obtained did not support the moderating effect of social support on the relationship between stigma and discrimination on mental health. Furthermore, a recent study conducted by Kondrat, Sullivan, Wilkins, Barrett, and Beerbower (2017) attempted to examine the relationship between the perceived stigma of depressive symptoms and the perception of social support as a mediating variable in the general population. The results of that study indicated that perceived social support can significantly mediate the relationship between stigma and mental health. That study examined the relationship between the three variables using a moderation model, and the results demonstrated that there was no significant moderating effect between stigma and mental health with the perception of social support. Furthermore, the results of research conducted by Bergfeld and Chiu (2017) reported that social support can mediate the relationship between minority stress and depressive symptoms. The results indicate that perceived social support for lesbian, gay, and bisexual individuals partially mediates the relationship between minority stress and depressive symptoms experienced by women who have same-sex interests. Based on the explanations of the above-mentioned studies, this study was conducted to further examine the mediating effect of perceptions of social support on the relationship between stigma consciousness and depressive symptoms, specifically among homosexuals in Indonesia.

According to the previous findings described above, we can conclude that the population studied is very diverse, ranging from the general population to very specific populations such as minority groups and women with same-sex interests. Most research conducted on homosexuals has occurred in the western world, according to Berghe et al. (2010), and in such areas the existence of homosexual individuals has been viewed positively. Their rights have begun to be expanded so that homosexual individuals have become more open about their sexual orientation. Similarly, in a study conducted by Lewis et al. (2003), as many as 75% of participants claimed that they were open about their sexual orientation. Therefore, further research is necessary to determine whether the same results can be obtained in different populations, such as homosexuals in Indonesia who display different characteristics. Based on the research results of Rofiq (2014), as many as 81% of homosexuals in Indonesia keep their sexual orientation private. This study aimed to answer the following research question: “Does perceived social support mediate the relationship between the stigma consciousness and symptoms of depression among homosexuals in Indonesia?”. We hypothesized that perceived social support significantly mediates the relationship between stigma consciousness and symptoms of depression among homosexuals in Indonesia.

2. METHODS

2.1. Participants

The inclusion criteria were participants who identified themselves as homosexual, were at least 18 years old, and were Indonesian. Based on an a priori power analysis using the G* Power application, at least 68 participants were required for this study.

2.2. Measurements

Stigma consciousness was measured using the Stigma Consciousness Questionnaire (SCQ) for gay men and lesbians, which was developed by Pinel (1999). We translated the SCQ for gay men and lesbians into Bahasa. This instrument contains 10 items with a seven-point response scale ranging from strongly disagree to strongly agree (scores of 0 to 6). The reliability coefficient of the SCQ obtained in this study was 0.739 with an internal validity coefficient ranging from 0.239 to 0.534. We used the Social Provisions Scale (SPS), which was developed by Cutrona and Russel (1987) and translated into Bahasa by Larasati (2012), to measure the level of perceived social support. The SPS measurement tool includes 24 items with five responses ranging from very inappropriate to very appropriate (scores of 1 to 5). The reliability coefficient of the SPS instrument obtained in this study was 0.872, with an internal validity coefficient ranging from −0.203 to 0.729. We used Beck's Depression Inventory-II (BDI-II), which was developed by Aaron T. Beck in 1961 and translated into Bahasa by Permatasari (2014), to measure the level of depressive symptoms. BDI-II consists of 21 items that refer to aspects of depression (Groth-Marnat, 2003). Each item receives a score from zero to three, and the total score of the BDI-II is obtained by adding the scores of each item. The reliability coefficient of the BDI-II was 0.928, with an internal validity coefficient ranging from 0.287 to 0.815.

2.3. Data Collection

We collected data from Tuesday, January 29th until Saturday, February 2nd, 2019. The researchers distributed an offline questionnaire using a convenience sampling method in Jakarta. We went directly to the participants following the target participants needed. In this case, we sought out prospective participants who were open about their identity as homosexuals. We first used the chat application (Line) to ask prospective participants if they would like to complete the questionnaire offline. When a potential participant agreed to participate and complete an offline questionnaire, we set up an appointment to meet the participant. The researchers also collected data using an online questionnaire via a UI Survey that was distributed through social media, such as the researchers' personal Instagram and Twitter accounts, and via broadcast messages (Line and WhatsApp) to several people who were members of community groups related to homosexuality and some people who have acquaintances that match the desired participant characteristics. The questionnaire explained the characteristics of the desired sample, provided questionnaire completion instructions, and collected demographic data. The researchers also provided a reward (a credit of IDR 10,000) for participants who were willing to complete the research questionnaire and provided a telephone number in the participant's data section. The rewards were given to the study

participants after the researcher evaluated all received questionnaires. Participants who were entitled to receive rewards were those who met the inclusion criteria and fully completed the offline and online questionnaires so that they could be used in this study.

2.4. Data Analysis Technique

The multiple regression method was used to test the study hypothesis via the PROCESS for SPSS model 4 developed by Hayes (2013). Through PROCESS, researchers can observe the significance of the indirect effect of a mediator variable.

3. RESULTS

A total of 295 participants were included in this study. The level of depressive symptoms was measured using BDI-II. BDI-II total scores can range from 0 to 63. Higher scores indicate a higher level of depressive symptoms. In this study, the minimum value recorded by participants was 0 whereas the maximum value was 55. The average depressive symptom score recorded by the 295 participants was 17.4 with a standard deviation (SD) of 12.394. The level of stigma consciousness was measured using the SCQ for gay men and lesbians, which was developed by Pinel (1999). The total possible score ranges from 0 to 60. A higher total score indicates a higher level of stigma consciousness. In this study, the minimum score recorded by the participants was 7 whereas the maximum score was 60. The average stigma consciousness score recorded by the 295 participants was 30.41 with an SD of 8.3386. Finally, the level of perceived social support was measured using the SPS. The total possible SPS score ranges from 24 to 120. A higher total score indicates a higher perception of social support. In this study, the minimum SPS score recorded by participants was 37 whereas the maximum score was 119. The average depressive symptom score recorded by the 295 participants was 90.36 with an SD of 13.668.

Table 1. Correlations between Variables

No	Variables	1	2	3
1	Depressive Symptoms	1		
2	Stigma Consciousness	0.114*	1	
3	Perceived Social Support	−0.428*	−0.199*	1
4	Sex	−2.063*	2.669*	0.272

N = 295
*p < 0.05 (two-tailed)

An analysis of the variables in Table 1 above showed that there was a significant positive correlation between depressive symptoms and stigma consciousness ($r = 0.114$, $p < 0.05$) and a significant negative correlation between depressive symptoms and perceived social support ($r = -0.428$, $p < 0.05$). There were also significant differences in depressive symptoms based

on sex (t (293) = −2.063, p < 0.05), with lesbians reporting higher depressive symptoms than gay men. These results indicate that the higher the level of stigma consciousness, the higher the level of depressive symptoms, and vice versa. Furthermore, the higher the perception of one's perceived social support, the lower the level of depressive symptoms, and vice versa.

There was a significant negative correlation between stigma consciousness and perceived social support (r = −0.199, p < 0.05); furthermore, stigma consciousness differed significantly by sex (t (293) = 2.669, p < 0.05), with gay men reporting a higher level of stigma consciousness than lesbians. This implies that the higher the level of stigma consciousness, the lower the perception of social support, and vice versa.

Table 2. Multiple Regression: Perceived Social Support as a Mediator of the Relationship Between Stigma Consciousness and Depressive Symptoms

		Outcomes								
Variable		**Perceived Social Support**					**Depressive Symptoms**			
		coef.	**SE**	**t**	***p***		**coef.**	**SE**	**t**	***p***
Stigma Consciousness	*a*	−.33	.09	−3.57	.00	*c*	.20	.09	2.33	0.02
						c'	.07	.08	.92	.36
Perceived Social Support		-	-	-	-	*b*	−.38	.05	−7.77	.00
Constant		112.92	4.51	25.02	.00		49.99	6.85	7.29	.00
		R^2 = .2					R^2 = .20			
		F(4.290) = 8.48, *p* < 0.05					F (5.289) = 16.28, *p* < 0.05			

Note: N = 295. Indirect Effect Coef. = 0.13, BootSE = 0.04, BootLLCI = 0.05, BootULCI = 0.21. a = the path from stigma consciousness to the perception of social support. b = pathway from the perception of social support to depressive symptoms, c = total effect of stigma consciousness on depressive symptoms before the perception of social support is included in the model. c' = Direct effect (direct effect) of stigma consciousness on symptoms of depression after the perception of social support is included in the model.

Based on the results shown in Table 2, there was a significant association between stigma consciousness and perceived social support (c = −0.31, p < 0.05), which indicates that an increase in the level of stigma consciousness can predict a decrease in perceived social support. The R^2 was .1, which means that as much as 10% of the variation in perceived social support is determined by stigma consciousness whereas 90% of the variation is determined by other factors. There was also a significant association between stigma consciousness and symptoms of depression (c = 0.19, p < 0.05), which indicates that an increase in the level of stigma consciousness can predict an increase in the level of depressive symptoms. Furthermore,

although stigma consciousness no longer significantly predicts depressive symptoms ($c = 0.08$, $p > 0.05$), perceived social support still significantly predicts depressive symptoms ($c = -0.40$, $p < 0.05$). The R^2 was .20, which means that as much as 20% of the variation in depressive symptoms is influenced by stigma consciousness and perceived social support whereas 80% of the variation in depressive symptoms are influenced by other factors.

The presence of significant indirect effects ($c = 0.12$, BootSE = 0.04, CI = [0.05–0.21]) demonstrates that perceived social support mediates the relationship between stigma consciousness and depressive symptoms. Thus, the hypothesis in this study is supported by the data. Furthermore, the influence of stigma consciousness, which was initially significant on depressive symptoms, became insignificant after the perception of social support was incorporated into the model. Therefore, perceived social support has a full mediating effect on the relationship between stigma consciousness and symptoms of depression. Thus, the higher the level of stigma consciousness in homosexuals, the lower the level of perceived social support, which then increases the level of depressive symptoms they experience.

Furthermore, there was a significant association between sex and depressive symptoms ($c = 3.05$, $se = 0.05$, $t = -7.77$, $p < 0.05$), with females associated with higher depressive symptoms and males associated with lower depressive symptoms.

4. DISCUSSION AND CONCLUSION

The main analysis in this study supports the research hypothesis and indicates that perceived social support significantly mediates the relationship between stigma consciousness and depressive symptoms. Thus, in real life, homosexuals who experience a high level of stigma consciousness are predicted to have low perceived social support. The low level of perceived social support predicts that homosexuals will have a higher level of depressive symptoms. Conversely, homosexual individuals with lower stigma consciousness are predicted to have a higher level of perceived social support, with the individual better perceiving that the social environment in which they live can provide support of the required quality. This high level of perceived social support is then associated with a lower level of depressive symptoms.

Weiss (1974, in Cutrona and Russell, 1987) states that there are six social functions or social provisions that can be obtained through relationships with others. According to Cutrona and Russel in social provisions, there is a dimension called assistance-related, which is directly related to problem-solving in the context of stress (Cutrona & Russell, 1987). Being stigmatized by society is stressful for homosexuals, which can lead to a higher level of stigma consciousness. The higher level of stigma consciousness that stems from that stigma can affect the perceived social support for homosexuals. This can be explained by Kondrat et al. (2017), who state that perceived social support can change based on events in the environment.

In a subsequent study, Cutrona and Russell (1987) state that specific patterns of interpersonal relationships appear to accompany the emergence of stressful events. Cutrona and Russell (1987) also mentioned that individuals who report higher levels of social support are more likely to receive support from others in the context of stressful experiences including the experience of stigma from the community. The specific type of assistance identified most as helpful in preventing depression following a stressful event is receiving positive feedback from others, which serves to provide people who are experiencing stressors with reassurances of worth (Cutrona & Russel, 1987). This explains why a social environment that provides a function specifically in the dimension of reassurance of worth (self-worth) can prevent depression in homosexual individuals who experience one specific stressor, such as minority stress. It has been theoretically mentioned that social factors can influence depression. According to Kring et al. (2014), a lack of social support can weaken a person's ability to cope with stressful life events, which can lead to depression.

This study also identified significant differences in depressive symptoms between lesbians and gays, with lesbians reporting higher depressive symptoms than gay men. Furthermore, the regression analysis found that gender could be a predictor of depressive symptoms. These results are in line with research conducted by Landman-Peter et al. (2005), which noted that women report more depressive symptoms than men. This indicates that the research conducted by Landman-Peter et al. (2005) can be generalized to the homosexual population in this study. The higher prevalence of depression in women has been reported in other various studies as well (Landman-Peter et al., 2005; Albret, 2015; American Psychiatric Association, 2013). According to Albert (2015), biological factors may help explain this difference. Albert (2015) stated that recent research has indicated that biological factors such as variations in ovarian hormone levels and decreased estrogen can contribute to an increased prevalence of depression and anxiety in women. Based on this result, we suggest that further research should separately analyze lesbian and gay populations.

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